



Clarify the Problem

Habilitation are those services delivered by residential services providers intended to assist persons with developmental disabilities to acquire, retain and improve upon the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.

Individuals who are supported in an environment that is providing opportunities for stimulation, learning new skills, new experiences are moving toward greater independence. The plans for individuals living in Community Residential Programs and Residential Habilitation Centers (RHCs) currently do not consistently show measurable outcomes of habilitation supports.

Breakdown the Problem

Community Residential programs

- 77% of the sampled individual plans showed some activity but were not written with measurable objectives
- Individual Instructional Support Plans do not clearly identify that individuals are actively engaged
- The policy and requirements for habilitation were not clearly written prior to July 2015

Residential Habilitation Centers

- Attendant Counselors are multi-tasking
- Staff need more training in recognizing potential growth for individuals
- Due to 2008 budget cuts there are fewer staff available to implement programs
- There is no standard for monitoring tools and measurements used across four RHCs
- Lack of consistency in operational policies

Target Setting

Success Measure 1: Samples of individuals in supported living will show an average of at least 50 community-based activities per quarter (four per week) by June 30, 2017. Baseline will be established by December 31, 2015.

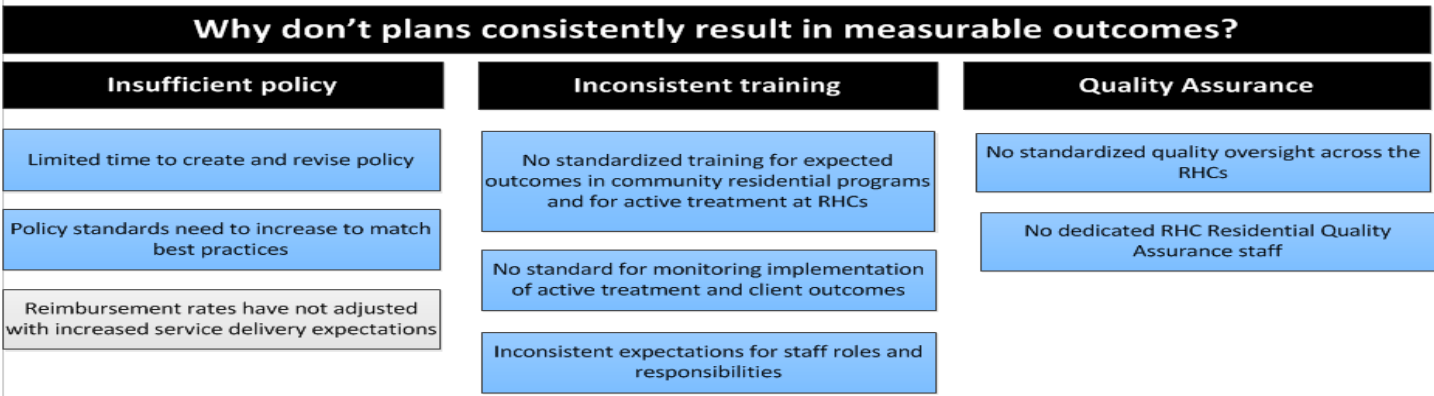
Success Measure 2: Eighty-five percent of sampled individuals in supported living will show documented, measurable activity toward one or more Individual Instruction and Support Plan habilitation goal(s) by June 30, 2017. Baseline will be established by December 31, 2015.

Success Measure 3: One-hundred percent of sampled plans done by the Quality Management Team, for individuals in the RHCs, will demonstrate:

- a. Meaningful active treatment is occurring by June 30, 2017 for individuals in an ICF/IID;
- b. An ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident in a state operated nursing facility.

Baseline will be established by December 31, 2015.

Identify Root Cause



Proposed Countermeasures

ID#	Root Cause	Proposed Countermeasures	Difficulty	Impact
1	Limited time to create and revise policy	Dedicated resources to create and revise policy	Med	High
2	Policy standards need more detail	Include required measurable habilitation goals	Med	High
3	No standardized training	Develop standardized training	High	High
4	No DDA standard for monitoring Community Residential Quality	Develop a Quality Assurance monitoring tool	Med	High
5	Inconsistent expectations for staff roles and responsibilities	Clarify in policy and Quality Assurance staff roles and responsibilities	High	High
6	No standardized quality oversight	Develop standardized method of reporting QMT monitoring tool outcomes	Med	High
7	No dedicated Residential Quality Assurance staff	Develop consistent expectations for RHC QA committees	High	High

Proposed Action

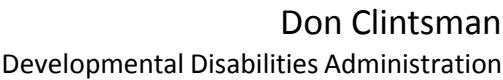
ID #	Strategy/ Approach	Task(s) to support strategy	Lead	Due	Expected Outcome
1	Dedicated resources	Create and revise policy	Sandi Miller	7/1/15	Increased habilitation support
2	Include measurable habilitation goals				
3	Develop standardized training	Develop curriculum	Sandi Miller	8/1/15	Increased quality of individual’s plan
4	Use standardized monitoring tool	Develop QA monitoring tool and clarify roles and responsibilities of QA staff	Shaw Seaman	8/1/15	Evidence of active habilitation
5	Clarify roles and responsibilities of Residential staff	Work with Superintendents to clarify roles and responsibilities	Larita Paulsen	9/1/15	Clarified roles and responsibilities of Residential staff
6	Develop standardized method for reporting QMT monitoring tool outcomes	Convene workgroup to develop tool, pilot and implement	Larita Paulsen	9/1/15	Monthly report
7	Develop consistence expectations for RHC QA Committee	Identify key metrics that RHCs will begin reporting	Larita Paulsen	9/1/15	Monthly report
		Write a standard operating procedure			Increased accountably for QA. Standard operating template.

Evaluate Results, Standardize, then Repeat



Background Group Topic / Strategic Plan Goal / Main idea: Safe and high-quality - Provide safe, high-quality supports for individuals. Sub Topic / Strategic Objective: Increase the effectiveness and meaningfulness of client’s activities, routines and choices to support individuals to become more actively engaged in learning and developing skills that lead to greater independence. Measure # / Strategic Objective # : 1.2 Measure / Strategic Objective Title: Success Measure 1: Samples of individuals in supported living will show an average of at least 50 community-based activities per quarter (four per week) by June 30, 2017. Baseline will be established by December 31, 2015. Success Measure 2: Eighty-five percent of sampled individuals in supported living will show documented, measurable activity toward one or more Individual Instruction and Support Plan habilitation goal(s) by June 30, 2017. Baseline will be established by December 31, 2015. Success Measure 3: One-hundred percent of sampled plans done by the Quality Management Team, for individuals in the RHCs, will demonstrate: a. Meaningful active treatment is occurring by June 30, 2017 for individuals in an ICF/IID; b. An ongoing program of activities designed to meet the interests and the physical, mental, and psychosocial well-being of each resident in a state operated nursing facility. Baseline will be established by December 31, 2015.	Type of Status Report Strategic Plan

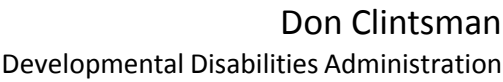
Proposed Action								
ID#	Problem to be solved	Strategy/Approach	Task(s) to support strategy	Lead	Status	Due	Expected Outcome	Partners
1	Limited time to create and revise policy	Dedicate resources	Create and revise policy	Sandi Miller	Completed	7/1/2015	Increased habilitation support	DDA Office of Policy & Programs, DDA Residential QA Unit, Community Residential Providers
2	Policy standards need to increase	Include measurable habilitation goals						
3	No standardized IISP & Goal Writing training	Develop standardized IISP and Goal Writing training	Convene workgroup, finalize draft of curriculum, gather feedback, seek approval for credit, train the trainers, and publish final documents.	Sandi Miller	In progress	8/1/2015	Increased quality of individual’s plan	Residential Program Specialists, Roads to Community Living Team and Resource Management
4	No DDA standard for monitoring Community Residential Quality	Use DDA standardized monitoring tool for Community Residential Quality	Review with QA teams and regional leadership, gather feedback, identify the QA Monitors, finalize and pilot the tool.	Shaw Seaman	In progress	8/1/2015	Evidence of active habilitation	DDA internal QA Teams, SOLA Administrators
5	Inconsistent expectations for staff roles and responsibilities	Clarify roles and responsibilities of Residential staff	Work with Superintendents to clarify roles and responsibilities	Larita Paulsen	In progress	8/1/2015	Clarified roles and responsibilities of Residential staff	RHC Superintendents
6	No standardized quality oversight	Develop standardized method for reporting QMT monitoring tool outcomes	Convene workgroup to develop tool, pilot and implement	Larita Paulsen	In progress	8/1/2015	Monthly report	DDA Regional and HQ staff
7	No dedicated Residential Quality Assurance staff	Develop consistence expectations for RHC QA Committee	Identify key metrics that RHCs will begin reporting	Larita Paulsen	In progress	8/1/2015	Monthly report	DDA RHC staff and Quality Management Team
			Write a standard operating procedure that governs focus of quality management related to active treatment.	Larita Paulsen	In progress		Increased accountably for QA. Standard operating template.	DDA RHC staff and Quality Management Team



Quarterly Status Report

Last modified 2/26/2016

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Quarterly Status Report

Group Topic / Strategic Plan Goal / Main idea: Safe and high-quality - Provide safe, high-quality supports for individuals.

Sub Topic / Strategic Objective: Increase the effectiveness and meaningfulness of client's activities, routines and choices to support individuals to become more actively engaged in learning and developing skills that lead to greater independence.

Measure # / Strategic Objective # : 1.2

Measure / Strategic Objective Title:

Success Measure 1: Samples of individuals in supported living will show an average of at least 50 community-based activities per quarter (four per week) by June 30, 2017. Baseline will be established by December 31, 2015.

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ID #	Problem to be solved	Strategy/Approach	Task(s) to support strategy	Intention for strategy	Lead	Status	Due	Expected Outcome	Partners
5	Inconsistent expectations for staff roles and responsibilities	Clarify roles and responsibilities of Residential staff	A. Work with Superintendents to clarify roles and responsibilities		Larita Paulsen	In progress	8/1/2015	Clarified roles and responsibilities of Residential staff	RHC Superintendents, QMT, Exec Leaders
			B. Complete RHC QMS Plan		Larita Paulsen	In progress	3/31/2016	Clarified roles and responsibilities of Residential staff	RHC Superintendents, QMT, Exec Leaders
6	No standardized quality oversight	Develop standardized method for reporting QMT monitoring tool outcomes	A. Convene workgroup to develop tool, pilot and implement		Larita Paulsen	Complete	8/1/2015	Monthly report	RHC Superintendents, QMT, Exec Leaders
			B. Develop a continuous improvement procedure towards quality.		Larita Paulsen	In progress	3/31/2016	Procedure implemented	RHC Superintendents, QMT, Exec Leaders
			C. Increase the number of MET outcomes		Larita Paulsen	In progress	3/31/2016	Positive MET outcomes increased to 50%	RHC Superintendents, QMT, Exec Leaders
7	No dedicated Residential Habilitation Center Quality Assurance staff	Develop consistence expectations for RHC QA Committee	A. Identify key metrics that RHCs will begin reporting		Larita Paulsen	In progress	3/31/2016	Monthly report	DDA RHC staff and Quality Management Team
			B. Draft a charter for the RHC QMS and QA cross-RHC Quality committee		Larita Paulsen	In progress		Increased accountably for QA. RHC QA Standardization.	DDA RHC staff and Quality Management Team, Exec Leaders

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